

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **981**

Primary Registration District No. **3038 481**

Registrar's No. **63-040567**

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 23 1963

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY LINN	
b. CITY (If outside corporate limits, give TOWNSHIP only) BROOKFIELD		c. CITY OR TOWN BROOKFIELD	
Length of stay in 1b 1 day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) PERSHING MEMORIAL		d. STREET ADDRESS (If outside, give location) 203 N. PINE	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LULU BELLE THOMPSON		4. DATE OF DEATH Month Day Year 10-19-63	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-14-81
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (City and state or country) FOUNTAIN GROVE, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME BENJAMIN F. JACKSON		13b. MOTHER'S MAIDEN NAME MARY E. LOUTHAN	
14. NAME OF HUSBAND OR WIFE ROBERT D.		Address GLADYS THOMPSON - QUINCY, ILL.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv.) No		16. SOCIAL SECURITY NO. —	
17. INFORMANT GLADYS THOMPSON - QUINCY, ILL.		Address —	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY STENOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c) — PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —	
20f. CITY, TOWN, OR LOCATION —		COUNTY — STATE —	
21. I attended the deceased from 10-16-63 to 10-19-63 and last saw her live on 10-18-63 Death occurred at 3:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. H. Patten P.O.		22b. ADDRESS BROOKFIELD MISSOURI	
22c. DATE SIGNED 10-21-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 10-21-63		23c. NAME OF CEMETERY OR CREMATORY LACLEDE CEMETERY	
23d. LOCATION (City, town, or county) (State) LACLEDE MISSOURI		24. FUNERAL DIRECTOR WRIGHT'S	
Address MEADVILLE, Mo		25. DATE RECD. BY LOCAL REG. 10-21-63	
26. REGISTRAR'S SIGNATURE Wm. Watson		27. DATE —	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59	DATE AMENDED	
10585		
20585		
3		
4 1		
5 1		
6		
7 11		
8 2		
9 201		
10		
11		
12 2-2		
13 20		

AUG 22 1966

AUG 22 1966

NOV 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed MR. Knight

Licensed Embalmer No. 4655

P. O. Address Meadville, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.